

DEADLINE:

Please return application
& supplemental
questionnaire in person
or by U.S. Mail with a
postmark on or before the
above date.

4:30 PM**FRIDAY****NOVEMBER 12, 2004****City-County Employment Office**

Your Telephone # _____ E-Mail _____ Date _____

SAFETY & TRAINING COORDINATOR**PERSONNEL DEPARTMENT - RISK MANAGEMENT****Req. #04-0064-CI-1****SUPPLEMENTAL QUESTIONNAIRE**

Name _____ Social Security # _____

**Please allow 2 weeks from the closing date of this position before expecting to
receive notice (one way or another) with regards to an interview.**

PLEASE READ BEFORE COMPLETING:

The information you provide on this form will be used to further evaluate your training and experience as it relates to the position(s) for which you are applying. Be certain to include: paid employment, military history, volunteer experience, and any educational training and/or experience. NOTE: Please make certain that all employment history and education mentioned on this supplemental questionnaire also appear on your application. We screen all applications based upon the information you, the applicant, provide on these documents only. We do not refer to resumes.

This questionnaire is a supplement to your application and is made a part thereof and subject to all terms and conditions noted on the Application for Employment. Remember, you are responsible for the completeness and accuracy of this form as well as the application. Incomplete or omitted information on either of the documents could result in you, the applicant, not receiving full credit for your experience. So please, be as detailed as possible.

CRIMINAL HISTORY CHECKS WILL BE MADE ON TOP CANDIDATES.

1-1. Please indicate if you have college-level course work or a degree in the following (check highest level obtained):

1-2. Safety and Health

- ☐ Course work only
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ None

1-3. Industrial Engineering

- ☐ Course work only
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ None

1-4. Business Administration

- ☐ Course work only
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ None

1-5. Related field

- ☐ Course work only
- ☐ Associate Degree
- ☐ Bachelor Degree
- ☐ None

Please specify related field.

EXPLAIN:

1-6.

Please list specific courses you have taken which relate to safety and loss control.

EXPLAIN:

2-1. Do you have experience in safety, loss control, or risk management?

- ☐ Yes, less than 6 months
☐ Yes, 6 months to 2 years
☐ Yes, more than 2 years
☐ No experience

2-2.

If yes, please list employers.

EXPLAIN:

2-3.

If yes, please describe your experience.

EXPLAIN:

3-1. Do you have experience developing safety policies, procedures, or practices?

- ☐ Yes
☐ No

3-2.

If yes, please list employers.

EXPLAIN:

3-3.

If yes, please describe your experience.

EXPLAIN:

3-4. PLEASE ATTACH COPIES OF SAFETY POLICIES, PROCEDURES, OR PRACTICES YOU HAVE INITIATED.

4-1. Do you have experience providing safety, loss control or related training to others?

- ☐ Yes
☐ No

4-2.

If yes, please list employers.

EXPLAIN:

4-3.

If yes, please describe your experience.

EXPLAIN:

5-1. Do you have experience reviewing and inspecting buildings and facilities for safety hazards and potential hazards?

- ☐ Yes
☐ No

5-2.

If yes, please list employers.

EXPLAIN:

5-3.

If yes, please describe your experience.

EXPLAIN:

6-1. Do you have experience reviewing and inspecting commercial and industrial vehicles for equipment safety hazards?

- ☐ Yes
☐ No

6-2.

If yes, please list employers.

EXPLAIN:

6-3.

If yes, please describe your experience.

EXPLAIN:

7-1. Do you have experience evaluating drivers regarding the safe operation of commercial and industrial vehicles?

☐ Yes

☐ No

7-2.

If yes, please list employers.

EXPLAIN:

7-3.

If yes, please describe your experience.

EXPLAIN:

8-1. Do you have experience orienting new employees in safety and loss control procedures?

☐ Yes

☐ No

8-2.

If yes, please list your employers.

EXPLAIN:

8-3.

If yes, please describe your experience.

EXPLAIN:

9-1. Do you have experience conducting accident investigations regarding vehicle accidents?

- ☐ Yes
☐ No

9-2.

If yes, please list employers.

EXPLAIN:

9-3.

If yes, please describe your experience.

EXPLAIN:

10-1. Do you have experience conducting accident investigations regarding personal injuries?

- ☐ Yes
☐ No

10-2.

If yes, please list employers.

EXPLAIN:

10-3.

If yes, please describe your experience.

EXPLAIN:

11-1. Do you have experience interpreting OSHA standards?

- ☐ General industry
☐ Construction
☐ No experience

11-2.

If yes, please list employers.

EXPLAIN:

11-3.

If yes, please describe your experience.

EXPLAIN:

12-1. Do you have computer experience?

- ☐ Yes
☐ No

12-2.

If yes, please list employers.

EXPLAIN:

12-3.

If yes, please describe your experience including the types of software used.

EXPLAIN:

13-1. Do you have one of the following safety or loss control designations?

- ☐ ALCM (Associate in Loss Control Management)
- ☐ CSP (Certified Safety Professional)
- ☐ Other (please list below)
- ☐ None

Please list other designation(s).

EXPLAIN:

14-1. Do you have experience or training that would allow you to create ergonomic work stations?

- ☐ Yes
- ☐ No

14-2.

If yes, please list employers.

EXPLAIN:

14-3.

If yes, please describe your experience or training.

EXPLAIN:

15-1. Do you have experience working with a safety or wellness committee?

☐ Yes

☐ No

15-2.

If yes, please list employers.

EXPLAIN:

15-3.

If yes, please describe your experience.

EXPLAIN:

16-1. Do you have a valid driver's license?

- ☐ Yes
☐ No

If yes, please list your driver's license number, state of issuance, expiration date, and date of birth (for verification purposes).

EXPLAIN:

17-1. CRIMINAL HISTORY CHECKS will be conducted on the top applicants. PLEASE NOTE OUR POLICY. ALL convictions for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving, etc.) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been set aside, probationed, or pardoned, must be listed on the application form or on an attached sheet. Consideration is given to the offense and its relationship to the position for which you are applying. Failure to list convictions will be considered to be falsification of your application and result in automatic rejection. [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)].

In order to perform such checks, the Lincoln Police Department requires the following information.

Please list your last name, first name, middle name, date of birth, sex, and any other name (i.e. maiden) or alias you may be known by.

EXPLAIN:

18-1. Have you listed on the application form ALL jobs and education described on this questionnaire? (NOTE: FAILURE TO LIST ALL JOBS AND/OR EDUCATION ON THE APPLICATION COULD BE CAUSE FOR REJECTION BASED ON INSUFFICIENT INFORMATION. A RESUME CANNOT BE USED AS A SUBSTITUTE. PLEASE CHECK YOUR APPLICATION AGAIN.)

- ☐ Yes
☐ No